

INTERAGENCY HELICOPTER OPERATIONS GUIDE  
Appendix D - Contract Administration; Agency Flight Payment Documents

Exhibit D-9: Instructions For Completion Of OAS-23  
Aircraft Use Report

# Aircraft Use Report

## OAS-23

### Instructions

OAS-23 (08/91) <b>AIRCRAFT USE REPORT</b>										U.S. DEPARTMENT OF THE INTERIOR OFFICE OF AIRCRAFT SERVICES P.O. BOX 15428 4343 AIRCRAFT DRIVE BOISE, ID 83715-6428 ANCHORAGE, AK 99502-1052 FTS 389-2755/2760 OR 208-389-2755/2760 907-243-3320/4330										RED IS FOR OAS USE ONLY		
PLEASE PRINT CLEARLY AS THIS FORM IS USED AS AN INPUT DOCUMENT TO AN AUTOMATED SYSTEM										RECEIVED DATE			012345									
COMPANY NAME & ADDRESS				CONTRACT/BOA NO.		ITEM NO.		AIRCRAFT MAKE & MODEL		PILOT NAME (PIC) Print		SERV.	AGMT. NO.	AC CONTROL NO.								
TELEPHONE NO.				AIRCRAFT DESIGNATED BASE (City/State)		AIRCRAFT FAA REGISTRATION NO.		PILOT NAME (2nd PIC) Print		AGENCY ORDER NO.												
				HIRED (Date & Time)		RELEASED (Date & Time)		OTHER CREW MEMBER														
DATE		FAA IDENTIFIER		START	STOP	ELAPSED TIME OR QUANTITY	PAY ITEM CODE	PAYLOAD		PILOT INITIAL	BILLEE CODE	USE CODE	USER ORGANIZATION AND CHARGE CODES	SIGNED RECEIVED	TAX CODE							
M	D	Y	FROM					TO	PAX							CARGO						
1.	•	•				•																
2.	•	•				•																
3.	•	•				•																
4.	•	•				•																
5.	•	•				•																
6.	•	•				•																
7.	•	•				•																
8.	•	•				•																
9.	•	•				•																
10.	•	•				•																

Other Charges/Credits (Add attachments if necessary)

WHITE - ORIGINAL OAS COPY  
BLUE - VENDOR'S COPY  
YELLOW - USER COPY

I certify that the above record of services is correct and no payment has been received.		I certify that the above services were received		AGENCY TELEPHONE NO. ( ) FTS ( ) COMM.		AGENCY	
SIGNATURE OF CONTRACTOR/AGENT/PILOT		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		AGENCY ADDRESS			
NAME (print)		DATE		NAME (print)		DATE	

**INTERAGENCY HELICOPTER OPERATIONS GUIDE**  
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**Exhibit D-10: Instructions For Completion Of  
OAS-23 Aircraft Use Report (Cont.)**

**Enter the OAS Contract Number or Basic Ordering Agreement (BOA) Number. This is available from either the vendor, the Contract, or the OAS Source List (aircraft are listed by State, then alphabetically by city / town according to the aircraft's designated base).**

**Enter Vendor's Name, Address & Telephone Number.**

**Enter the aircraft manufacturer and the model name or number.**

**Print the Pilot-In-Command's Name**

**Print the name of any additional pilot utilized: Relief Pilot, Co-Pilot, 2nd Pilot when aircraft is double-crewed.**

**Print the name of any other authorized crew member for which payment is authorized. Utilize the "Other Charges/Credits" block to explain, or if there is more than one "Other Crew Member".**

**No entry for BOA. Enter an Item Number if the aircraft is one of several contracted under one solicitation. Each aircraft is assigned a separate Item # under a common Contract #. Obtain the Item Number from the Contract, Aircraft Data Card, or vendor.**

**Complete only for BOA Aircraft. Enter date and time aircraft/crew were released from service. Use 24-hour time clock.**

**Complete only for BOA Aircraft. Enter date and time aircraft/crew were released from service. Use 24-hour time clock.**

**Enter the FAA Registration ("tail" or "N") Number.**

**Enter the aircraft's designated base. Obtain this from the OAS Source List, the procurement document, or the vendor. Note that payment for flight is made only from the designated base. In certain cases, alternative arrangements can be worked out with the Contracting Officer if the aircraft departs from or is ferried from a location other than the designated base.**

COMPANY NAME & ADDRESS		CONTRACT/BOA NO.	ITEM NO.	PILOT NAME (PIC) Print	PILOT NAME (2nd PIC) Print	OTHER CREW MEMBER	OTHER CHARGES/CREDITS
DATE	FAA IDENTIFIER	DATE	TIME	RELEASED (Date & Time)	RELEASED (Date & Time)	RELEASED (Date & Time)	RELEASED (Date & Time)
START	STOP	START	STOP	START	STOP	START	STOP
8.							
9.							
10.							

**Other Charges Credits (Add attachments if necessary)**

**Other Charges Credits (Add attachments if necessary)**

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I certify that the above record of services is correct and no payment has been received.		AGENCY TELEPHONE NO. ( ) FTS ( ) COMM.		AGENCY
SIGNATURE OF CONTRACTOR/AGENT/PILOT		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		AGENCY ADDRESS
NAME (print)	DATE	NAME (print)	DATE	

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Exhibit D-11: Instructions For Completion Of  
OAS-23 Aircraft Use Report (Cont.)

AIRCRAFT USE REPORT										RED IS FOR OAS USE ONLY		RECEIVED DATE		012345					
U.S. DEPARTMENT OF THE INTERIOR OFFICE OF AIRCRAFT SERVICES P.O. BOX 15428 4343 AIRCRAFT DRIVE BOISE, ID 83715-5428 ANCHORAGE AK 99502-1052 ETS-388-2755-2760 DB-208-388-2755-2760 907-243-3320/4330										SERV. AGMT. NO.		AC CONTROL NO.							
COMPANY NAME & ADDRESS										BILLEE CODE		USER ORGANIZATION AND CHARGE CODES		SIGNED RECEIVED		TAX CODE			
TELEPHONE NO.										PILOT INITIAL		USE CODE							
DATE										PAYLOAD		ELAPSED TIME OR QUANTITY		PAY ITEM CODE		FAA IDENTIFIER			
M D Y										CARGO		PAX		STOP		START			
1.										2.		3.		4.		5.			
6.										7.		8.		9.		10.			
Other																			
<b>Enter month-day-year on each line entry. Example: For June 12, 1994, enter - 06-12-94.</b>										<b>Log flight time from an approved hour meter (see example, lines 4 and 6-9). Log non-flight time standby periods (Hourly Availability, Extended Availability) in 24-hour clock time (see example, lines 1-3). Do NOT make any entry for Service Truck Miles, Per Diem, or other non-flight time, non-standby pay item codes (see example, lines 5 &amp; 10).</b>									
<b>Note: When data is entered to the computer, this field will not accept more than three characters. Therefore do NOT enter more than 3 characters. For flight Pay Item Codes and line entries, enter one of the following:</b> <ul style="list-style-type: none"><li>The three character FAA Identifier of the airport, or the agency identifier for permanent helibases not located at an FAA airport and for which no FAA identifier exists (see example, line 4);</li><li>For flights that takeoff or land at locations without identifiers, enter the following:<ul style="list-style-type: none"><li>FIR for missions which depart from or to a fire, or for missions within the fire itself (see example, lines 4 and 6-9); or,</li><li>INC for missions which depart from or to a non-fire incident or,</li><li>PRJ for missions which depart from or to a project, or for missions within the project itself; or,</li></ul></li><li>For non-flight Pay Item Codes and line entries, enter either FAA identifiers or FIR, INC, or PRJ, as applicable, for the location(s) where the charge was incurred. For Standby (SB), Per Diem (PD), Guarantee (GT), Availability (AH or EA), etc., where the charge is incurred in one place, enter the same 3-character identifier in both the FROM and TO blocks (see example, lines 1-3 and 10).</li></ul>										<b>Do not write out FULL SUBSISTENCE, SERVICE MILES, or any other pay item code in either the FAA Identifier block or in the Start/Stop block.</b>									
I certify that the above record of services is correct and no payment has been received.										I certify that the above services were received									
SIGNATURE OF CONTRACTOR/AGENT/PILOT										SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE									
NAME (print)										NAME (print)									
DATE										DATE									
AGENCY										AGENCY									
AGENCY ADDRESS										AGENCY ADDRESS									

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